

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020375  
5521 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUN 7 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MOLength of stay in 1b  
10 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY  
OR  
TOWN

St. Louis, Mo.

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

6009 Horton Pl.

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIE

EVANS

4. DATE  
OF  
DEATH

Month

Day

Year

MAY 29, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒  
Widowed ☐Never Married ☐  
Divorced ☐8. DATE OF BIRTH  
7-22-19189. AGE (last birthday)  
43IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Shreveport, La.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Eli Evans

13b. MOTHER'S MAIDEN NAME

Eliza

?

14. NAME OF HUSBAND OR WIFE

Frozone Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Laberta Hopson 6009 Horton Pl.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

DUE TO (b)

Metastasis

DUE TO (c)

157x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/24/62

12:05 P

5/29/62

and last saw her  
him alive on

5/29/62

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

RO Gae M.D.

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE A VE

22c. DATE SIGNED

5/29/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

6-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood

23d. LOCATION (City, town, or county)

St. Louis Co.

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAS. H. RANDLE &amp; SON

3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.

JUN 1 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/591  
2 205  
3  
4 2  
5 1  
6  
7 1  
8 1  
9  
10  
11  
12 75-0  
13USE BLACK INK  
OR  
TYPEWRITER RIBBON

CRAIG

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Esther H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.